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The Lancet–Chatham House Commission on improving population health post COVID-19

The health of populations across the planet is in a perilous state during the COVID-19 pandemic, with more than 550,000 deaths worldwide as of 10 July 2020. (1) The disease burden is falling mainly on the most disadvantaged groups worldwide and there are major impacts on health systems across high, middle, and low-income countries. In parallel with these direct health impacts, the economic effects of lockdowns are leading to an unprecedented global recession which will have ramifications well into the future. But while the focus is, rightly, on responding to the immediate threat of the pandemic, it is important to remember that over 40 million people die each year from non-communicable diseases (NCDs), more than 70% of all global deaths. (2)

Meanwhile, the climate and extinction crises pose unprecedented challenges to our planet, with government responses—as yet—inadequate. (3) Global temperatures are set to increase substantially over the coming decades, leading to untold health, environmental, and economic consequences, (4,5) while the unfolding sixth mass extinction threatens to unravel many of the essential ecosystems on which we all depend. (3)

There are, however, some reasons for cautious optimism. Responses to the COVID-19 pandemic show that nations can act rapidly and radically in response to major immediate threats to health, even at huge economic cost. These actions have generated important co-benefits in terms of reductions in urban air pollution (4) and carbon dioxide emissions, at least over the short term. (6) Maintaining resilience during this pandemic—and those yet to come—will require these and many more long-term changes in patterns of travel, development, and human interactions. As economies open up and lockdowns ease, this resilience will once again be under threat, as will both the environment and population health. It will be even more important to take urgent action on climate change, environmental sustainability, economic policy, and health inequalities. (7–12)

These three major threats to population and planetary health—communicable diseases, NCDs, and the climate and environmental emergencies—are too often treated as distinct problems, but they are intimately entwined in a global syndemic as reflected in the top global risks identified by the World Economic Forum in 2020. (13) They possess common underlying causes including unsustainable systems of agriculture, subsidies for harmful products, and overcrowded cities. The transmission of a novel coronavirus from bats to humans might be the dominant model of the genesis of the COVID-19 pandemic, but without urbanisation and global hypermobility it would have spread much more slowly and might have been contained; without high prevalence of NCDs (14) and air pollution (15) it would have exerted a much lower toll.

Breaking the clinical, academic, and policy boundaries that promote separation of these threats demands new ways of understanding and tackling them in order to respond effectively to the combination of the worst pandemic for over a century with the largest economic downturn in modern history. Foregrounding this economic context will be essential for any credible attempt to address these threats.

The dominant policy focus for tackling the key behaviours that contribute to NCDs worldwide—unhealthy diets, smoking, alcohol consumption, and physical inactivity—largely ignores the roles of commercial and other non-state actors, publics, policy makers, and others in driving these behaviours. (16) As with COVID-19, and climate change and environmental degradation, the drivers and impacts of these behaviours serve to increase the large and growing inequalities in health and wealth within and between countries. In high-income countries, the highest concentrations of tobacco, alcohol, and fast-food outlets are in deprived areas, with consumption increasing with the density of such outlets. (17) As markets in high-income countries become saturated and restricted, so the industries producing and promoting these harmful products find large ready markets in low-income and middle-income countries. (18) Achieving progress in reversing the global syndemic revealed by COVID-19 requires understanding the common factors that underpin the systems that promote NCDs, communicable diseases, and environmental degradation, the inequalities they fuel, and the levers for effective action across those systems.

In response to these challenges, we are establishing The Lancet–Chatham House Commission on population health post COVID-19. This Commission aims to map the shared drivers of pandemic protection, population health, and environmental sustainability as the basis for developing a framework to identify key actions to drive equitable improvements in human and planetary health. It will connect expertise and evidence, including global health, macroeconomics, conservation science, urban design, behavioural and social sciences, building synergies across these—often segregated—domains. We will identify gaps and disjunctions between existing evidence and policies, building the foundations to improve the wellbeing and chances of equitable survival of people and ecosystems. Crucially, the Commissioners will include young people from around the globe to keep the Commission focused on changing our collective trajectory for the generations to come.

The COVID-19 pandemic has thrown a harsh light on the failures of global health. Now is the time to rethink the balance between economy, environment, and health, breaking down the barriers between them to improve the wellbeing, and chances of survival, of the global population and the ecosystems within which we all live. This Commission will examine the structures and systems that underpin the behaviours of policy makers, commercial actors, and others who have led us to where we are, and identify practical, pragmatic, and politically achievable steps to guide us towards a healthier and more sustainable future.

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